



Employee Changing to At-Will Employee Disclosures and Acknowledgments

Employee:	Employee Number:	Work Location:	
Job Title:	Current FTE:	New FTE:	Effective Date:

“At-will employee” means an individual employed by the District whose employment may be terminated at any time, with or without cause. Any classified employee employed at less than twenty (20) hours per week in any position is an at-will employee in that position. Any certified or administrative employee employed at less than 0.5 FTE is an at-will employee.

“Career,” when referring to an educator or other employee, means an employee of the District who has obtained a reasonable expectation of continued employment as further defined in the applicable employee Handbook.

Please initial each of the following acknowledgements.

	Initials
I understand and acknowledge that I will be employed in the job position at the new FTE as listed above.	
I understand and acknowledge that by moving to an “At-Will” employment status, I no longer have a property right in the job position.	
I understand and acknowledge that I will no longer have any insurance benefits through the Nebo School District (e.g., health, life, dental, vision, etc.).	
I understand and acknowledge that I will no longer be eligible for or accrue years of service credit in the Utah Retirement System.	
I understand and acknowledge that I no longer have “Career” employment status.	
I understand and acknowledge that I will no longer have any paid leave benefits including PTO, Vacation, Personal, Sick, or Bereavement leave. Any leave that I have accumulated and not used will be forfeited.	
I understand and acknowledge that if I return to 0.5 FTE or above, I may receive paid leave benefits in accordance with the current leave practice found in the applicable employee handbook and policies.	

Employee Signature:	Date:
Principal Signature:	Date:
Received By (HR):	Date:
Approved By (HR):	Date:

Principal: Please return this completed, signed form to the Human Resource Office